

<p><b>1. Living Arrangements</b> <span style="float: right;"><u>Wants/Needs</u></span></p> <p><u>Current</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Acute Inpatient  <input type="checkbox"/> Homeless  <input type="checkbox"/> House/Apartment  <input type="checkbox"/> Residential Care Facility  <input type="checkbox"/> Shelter  <input type="checkbox"/> Single Room  <input type="checkbox"/> Transitional/Semi-Independent  <input type="checkbox"/> Other: _____ </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>Months at current living situation: _____</p> <p>Housing at risk    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Comments: _____</p>	<p><b>4. HEALTH (In last year):</b> <span style="float: right;"><u>Wants/Needs</u></span></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> 1. Takes medication as prescribed    <input type="checkbox"/> Yes   <input type="checkbox"/> No  2. Medical Hospitalizations    <input type="checkbox"/> Yes   <input type="checkbox"/> No  3. Psychiatric Hospitalizations    <input type="checkbox"/> Yes   <input type="checkbox"/> No  4. Substance Abuse Treatment    <input type="checkbox"/> Yes   <input type="checkbox"/> No  5. Substance Abuse/Dependence _____  6. Length of time clean/sober _____  7. Last _____  Eye Exam _____  Dental Exam _____  Physical Exam _____  Psychiatric Visit _____ </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>Current Issues: _____</p>																																	
<p><b>2. Social Relationships</b> <span style="float: right;"><u>Wants/Needs Assistance</u></span></p> <p><u>Participates in/with:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Family  <input type="checkbox"/> Friends  <input type="checkbox"/> Recovery Groups  <input type="checkbox"/> Recreation Alone  <input type="checkbox"/> Recreation with others  <input type="checkbox"/> Social Support Groups  <input type="checkbox"/> None  <input type="checkbox"/> Other: _____ </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>Comments: _____</p>	<p><b>5. FINANCIAL STATUS/EMPLOYMENT (Optional)</b> <span style="float: right;"><u>Wants/Needs</u></span></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;"><u>Has:</u></th> <th style="text-align: left; width: 20%;"><u>Amount</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> AFDC</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Employment</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> General Relief</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Medi-Cal</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Medicare</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Retirement</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> SSA</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> SSI</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Unemployment</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> None</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> <p>Comments: _____</p>	<u>Has:</u>	<u>Amount</u>		<input type="checkbox"/> AFDC	_____	<input type="checkbox"/>	<input type="checkbox"/> Employment	_____	<input type="checkbox"/>	<input type="checkbox"/> General Relief	_____	<input type="checkbox"/>	<input type="checkbox"/> Medi-Cal	_____	<input type="checkbox"/>	<input type="checkbox"/> Medicare	_____	<input type="checkbox"/>	<input type="checkbox"/> Retirement	_____	<input type="checkbox"/>	<input type="checkbox"/> SSA	_____	<input type="checkbox"/>	<input type="checkbox"/> SSI	_____	<input type="checkbox"/>	<input type="checkbox"/> Unemployment	_____	<input type="checkbox"/>	<input type="checkbox"/> None	_____	<input type="checkbox"/>
<u>Has:</u>	<u>Amount</u>																																	
<input type="checkbox"/> AFDC	_____	<input type="checkbox"/>																																
<input type="checkbox"/> Employment	_____	<input type="checkbox"/>																																
<input type="checkbox"/> General Relief	_____	<input type="checkbox"/>																																
<input type="checkbox"/> Medi-Cal	_____	<input type="checkbox"/>																																
<input type="checkbox"/> Medicare	_____	<input type="checkbox"/>																																
<input type="checkbox"/> Retirement	_____	<input type="checkbox"/>																																
<input type="checkbox"/> SSA	_____	<input type="checkbox"/>																																
<input type="checkbox"/> SSI	_____	<input type="checkbox"/>																																
<input type="checkbox"/> Unemployment	_____	<input type="checkbox"/>																																
<input type="checkbox"/> None	_____	<input type="checkbox"/>																																
<p><b>3. Daily Activities</b> <span style="float: right;"><u>Wants/Needs Assistance</u></span></p> <p><u>Satisfactory</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Budgeting/Money Management  <input type="checkbox"/> Eating  <input type="checkbox"/> Grooming/Hygiene  <input type="checkbox"/> Housekeeping  <input type="checkbox"/> Keeps Appointments  <input type="checkbox"/> Laundry  <input type="checkbox"/> Shopping  <input type="checkbox"/> Uses Phone  <input type="checkbox"/> Uses Public Transportation  Other: _____ </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>Comments: _____</p> <p><u>Current Activities</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> Day Program: _____  Employment: _____  School/Training: _____  Volunteer work: _____  Comments: _____ </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	<p><b>6. LEGAL/CASE MANAGEMENT STATUS (Optional)</b> <span style="float: right;"><u>Wants/Needs</u></span></p> <p><u>Has:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Case Manager: _____  <input type="checkbox"/> Conservator: _____  <div style="margin-left: 20px;"> <input type="checkbox"/> LPS: _____  <input type="checkbox"/> Probate: _____  <input type="checkbox"/> Temporary: _____ </div> <input type="checkbox"/> Parole Officer: _____  <input type="checkbox"/> Payee: _____ </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p>Convictions: _____</p> <p>Legal Issues: _____</p>																																	
<p><b>7. BEHAVIORAL RISK ISSUES (Optional):</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;"><u>History of:</u></th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> AWOL</td> <td><input type="checkbox"/> Inappropriate Sexual Behavior</td> </tr> <tr> <td><input type="checkbox"/> Careless Smoking</td> <td><input type="checkbox"/> Incontinence</td> </tr> <tr> <td><input type="checkbox"/> Assault</td> <td><input type="checkbox"/> Non-ambulation</td> </tr> <tr> <td><input type="checkbox"/> Suicide Attempts</td> <td><input type="checkbox"/> Property damage</td> </tr> <tr> <td><input type="checkbox"/> Fire Setting</td> <td></td> </tr> </tbody> </table>		<u>History of:</u>		<input type="checkbox"/> AWOL	<input type="checkbox"/> Inappropriate Sexual Behavior	<input type="checkbox"/> Careless Smoking	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Assault	<input type="checkbox"/> Non-ambulation	<input type="checkbox"/> Suicide Attempts	<input type="checkbox"/> Property damage	<input type="checkbox"/> Fire Setting																						
<u>History of:</u>																																		
<input type="checkbox"/> AWOL	<input type="checkbox"/> Inappropriate Sexual Behavior																																	
<input type="checkbox"/> Careless Smoking	<input type="checkbox"/> Incontinence																																	
<input type="checkbox"/> Assault	<input type="checkbox"/> Non-ambulation																																	
<input type="checkbox"/> Suicide Attempts	<input type="checkbox"/> Property damage																																	
<input type="checkbox"/> Fire Setting																																		
<p>Cultural Concerns: _____</p>																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Evaluator's Signature</div> <div style="width: 45%;">Title</div> </div>																																		